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Pavlovskiy goes on to say that as far as human *L. tropica* is concerned, the disease occurs extensively in Transcaucasia and Central Asia, particularly in towns. Morphologically the causative factor of *L. tropica* cannot be distinguished from the causative factor of *L. donovani*, he states. Both can be readily cultivated in artificial media. There are two forms of *L. tropica* (dermal or cutaneous leishmaniasis), which differ as far as the length of the incubation period is concerned (3-6 months up to 1-1½ years and 1-8 weeks respectively) and are sometimes regarded as two distinct diseases (Latyshev, Kozhevnikov, et al.). The second form occasionally spreads to such an extent that the infection assumes the dimensions of an epidemic outbreak.

Pavlovskiy states that the chief natural reservoir of *L. tropica* is found among various species of wild rodents (*Rhombomys opimus*, *Meriones erythrorus*, *M. meridianus*, *Spermophilopsis leptodactylus*). *Phlebotomus caucasicus* transmits the infection from rodent to rodent, while *P. papatasi* transmits the disease from infected rodents to humans. In the desert, the sandflies in question breed almost exclusively in rodent holes. As prophylactic measures, extermination of rodents and sandflies and inoculation of the population (particularly children) with the living causative factor are applied. A new method of treatment proposed by Academician V. P. Filatov consists in the transplantation of skin (patches having the dimensions of 12-15 cubic centimeters) obtained from corpses which have been preserved in the cold for 7 days.

At the time Pavlovskiy was writing his book, conditions in Tashkent were considered to be improving with regard to the incidence of *L. tropica*.

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